## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

4.004-001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	<i>,</i>	72				]	RATE	FEE	OF 	RATE	FEE
F(	OR	·	NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	<del>↓</del> ——	OR	BASIC FEE	<del>                                     </del>
TC	OTAL CHARGE	ABLE CLAIMS	Q3 min	nus 20= '	· <	3	1	XS 9=	107	OR	XS18=	
INI	DEPENDENT CI	LAIMS	<del>  ~/                                   </del>	inus 3 =	*		1	X43=	12.	OR	\	
ΜL	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				1	+145≈	<del>                                     </del>	1		<b></b>
* 11	f the difference	e in column 1 is	less than ze	ero, enter	"0" in (	column 2	•	+145≅ TOTAL	1119	OR OR	+290= TOTAL	<b></b>
		CLAIMS AS A						IOIAL	410	JUn	OTHER	THAN
		(Column 1)		(Colum	nn 2)	(Column 3)	<u>)</u>	SMALL	ENTITY	OR	SMALL E	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	] [	XS 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	] [	X43=		OR	X86=	
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM		] [	+145=		OR	+290=	
							L	TOTAL		┨╗┖	TOTAL	
		(Column 1)		(Columi	าก 2)	(Column 3)		ADDIT. FEE		,	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMBE PREVIOL PAID FO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
AME	Incependent	TATION OF MALE	Minus	***		=	] [	X43=		OR	X86=	
لــــ	FIRST PHESE	ENTATION OF MU	ILTIPLE DEP	ENDENIC	CLAIM		] [	+145=		OR	+290=	-
				L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE				
		(Column 1)		(Columr	ın 2)	(Column 3)	^	DUII. FEL =			IDDH. FELL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
\ME	Independent	<u> </u>	Minus	***		=		X43=			X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (	CLAIM		] <b> </b> -			OR		
* If	f the entry in colur	mn 1 is less than the	e entry in colur	mn 2. write "	n" in col	umn 3.	L	+145=		OR	+290=	
** 11	If the "Highest Nun	mber Previously Paid mber Previously Paid	id For IN THIS	S SPACE is le	less than	n 20, enter "20."	- A[	TOTAL DDIT. FEE		OR A	TOTAL ADDIT. FEE	
		ber Previously Paid					r foun	nd in the app	ropriate box	in colu	ımn 1.	